

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
MR. John G.
NICKNAME LAST SUFFIX
Clamp

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8531 N. New Braunfels, # 203
S.A., TX 78217

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
MR. Steve B.
NICKNAME LAST SUFFIX
CLAU

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

15873 Redwoods Manor
S.A., TX 78247

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 834-1272

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH-PR)

9 PERIOD
COVERED

Month Day Year Month Day Year

01 / 01 / 2002 THROUGH 06 / 30 / 2002

10 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council, District 10, City of San Antonio

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

John Clamp

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

400.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

84.33

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



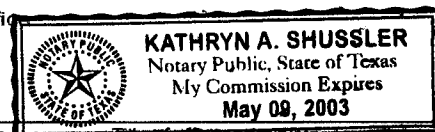
[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John G. Clamp, this the 15th day of July, 2002, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Kathryn A. Shussler
Printed name of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 2	
2 FILER NAME John Clamp		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/19/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott and Jana Clamp 6 Contributor address; City; State; Zip Code 1043 Clubhouse Mansfield, TX 76063	7 Amount of contribution (\$) 50⁻	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/17/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim and Esther Clamp Contributor address; City; State; Zip Code 8514 Tigues Universal City, TX 78148	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tom and Sandra Harrod Contributor address; City; State; Zip Code 6615 Lake Cliff S.A., TX 78244	Amount of contribution (\$) 20⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Terry Reardon Contributor address; City; State; Zip Code 10 Rock Street Norwich, CT 06360	Amount of contribution (\$) 10⁻	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY Ann Zotti Contributor address; City; State; Zip Code 4 Julian Dr. Preston, CT 06365	Amount of contribution (\$) 20⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 2	
2 FILER NAME John Clamp		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/19/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Danny and Vicki Gonzales 6 Contributor address; City; State; Zip Code 43 Finesilver S.A., TX 78254	7 Amount of contribution (\$) 50⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sharon + Bob Piechnik Contributor address; City; State; Zip Code 14520 Horizon View S.A., TX 78233	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/29/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ray Ibarra and Celia Reza Contributor address; City; State; Zip Code 2014 Harper's Ferry S.A., TX 78245	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME John Clamp		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/24/02	5 Payee name Alison's Hallmark 6 Payee address; City; State; Zip Code 934 Pat Booker Rd. U.C., TX 78148 7 Purpose of expenditure (See instructions regarding type of information required.) Thank-you CARDS	8 Amount (\$) 21.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/18/02	Payee name The Barn Door Payee address; City; State; Zip Code 8400 N. New Braunfels St. A., TX 78009 Purpose of expenditure (See instructions regarding type of information required.) Campaign Strategy Meeting	Amount (\$) 13.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/18/02	Payee name Lyle Larson Campaign Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Political Contribution - Lyle Larson Campaign	Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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